PTO/SB/06 (07-06)

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| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Α | Application or Docket Number 10/533,672 | | | ing Date 17/2006 | To be Mailed | |
|---|---|---|--|---|-------------|------------------------------|---|--|------------------------|-----------------------|-----------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | | SMALL ENTITY | | | | HER THAN ALL ENTITY | |
| FOR | | | NUMBER FI | ER FILED NUI | | MBER EXTRA | | RATE (\$) | FEE (\$) | П | RATE (\$) | FEE (\$) | |
| BASIC FEE (37 CFR 1.16(a), (b), or (c)) | | | N/A | | N/A | N/A | | N/A | |] | N/A | 300 | |
| SEARCH FEE (37 CFR 1.16(k), (i), or (m)) | | | N/A | | N/A | N/A | | N/A | | | N/A | | |
| EXAMINATION FEE (37 CFR 1.16(a), (p), or (q)) | | | N/A | | N/A | A. | П | N/A | | | N/A | | |
| TOTAL CLAIMS (37 CFR 1.16(i)) | | | mir | minus 20 = * | | | П | x \$ = | | OR | x s = | | |
| INDEPENDENT CLAIMS (37 CFR 1.16(h)) | | | m | minus 3 = * | | | 1 | x \$ = | | 1 | x \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE is | If the specification and drawing sheets of paper, the application is \$250 (\$125 for small entity) fr additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 C | | | e fee due ech eof. See | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | П | | |] | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | | TOTAL | |] | TOTAL | 300 | |
| | | | | | | | | | | ER THAN ALL ENTITY | | | |
| AMENDMENT | 12/03/2010 | CLAIMS REMAINING AFTER AMENDME | | HIGHEST NUMBER PREVIOUS PAID FOR | | RESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| Ĭ | Total (37 CFR 1.16()) | · 19 | Minus ** 20 | | = (|) | l | x \$ = | | OR | X \$52= | 0 | |
| ΙŻ | Independent (37 CFR 1.16(h)) | • 4 | Minus | ···4 | = (|) | 1 | x \$ = | | OR | X \$220= | 0 | |
| Ĭ | Application Size Fee (37 CFR 1.16(s)) | | | | | |] | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | П | | | OR | | | |
| | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | | | | | | |
| L | | CLAIMS REMAININ AFTER AMENDMEI | | HIGHEST NUMBER PREVIOUS PAID FOR | R PI SLY | RESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| Ä | Total (37 CFR 1,18(i)) | • | Minus | | - | | П | x \$ = | | OR | x \$ = | | |
| Δ | Independent (37 CFR 1.16(h)) | | Minus | *** | | |] | x \$ = | | OR | x s = | | |
| AMENDMENT | Application Size Fee (37 CFR 1.16(s)) | | | | | | ı | | | 1 | | | |
| ΑN | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | | OR | | | |
| | | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| ** 16 | " If the entry in column 1 is less than the entry in column 2, write "0" in column 3. " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.6. The information is required to obtain or retain a benefit by the public within it is life (and by the USPTO to process) an application. Confidentiality is overwed by 80 US of .22 and 37 CFR 1.4. This collection is estimated to the 12 minutes to complete, including pathening, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sont to the Child information Officer. U.S. Patent and Transf. Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.